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SOCIÉTÉ ROYALE DE MÉDECINE

A
R E P O R T,
MADE BY
ORDER OF GOVERNMENT,
OF A
M E M O I R,

CONTAINING

A new, easy, and successful Method of treating the
CHILD-BED or PUERPERAL FEVER,

Made use of by the late

M. D O U L C E T,

Doctor-Regent of the Faculty of Paris,

And one of the PHYSICIANS of the *Hôtel-Dieu*.

Read at a Meeting of the ROYAL MEDICAL SOCIETY,
Held at the *Louvre*, the 6th of *September* 1782.

TRANSLATED FROM THE FRENCH.

To which are added N O T E S,

Containing a View of the Nature and Causes of this alarming
and fatal Disease.

By JOHN WHITEHEAD, M. D.

Member of the ROYAL COLLEGE of PHYSICIANS, *London*,
and PHYSICIAN to the LONDON-DISPENSARY.

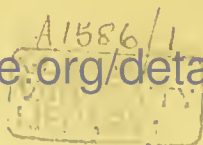
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T H E

Translator's Preface.

IT is observable that of all the diseases which afflict the human body, there is perhaps none in which powerful remedies have been applied with more diligence and less success, than in the Puerperal Fever. Dr. Denman observes that this disease occasions the death of most of the women who die in child-bed ; and it is said in this report, that every woman who was attacked with it in the Hotel-Dieu of Paris, died, till the method of cure here recommended was adopted. Every attempt, therefore,
to

to facilitate and render certain the cure of a disease so rapid and fatal, cannot but merit the public attention and regard.

The success of Dr. Doulcet's method of cure, was so brilliant; and so uniformly the same in the Hotel-Dieu of Paris, that it engaged the attention of the French Government; and the facts recorded in the Report are so well authenticated by the physicians who signed it, whose learning and probity do honour to the profession, that I thought the whole highly worth a translation; and I doubt not but the candid part of the faculty, who rejoice at every thing which can promote the health and safety of the public, will think with me on this subject.

I have

I have been informed, that the same method of cure has been adopted since in different parts of France, and that it has been attended with the same success as in the Hotel-Dieu. These accounts, it must be confessed, are highly flattering, and such as give the method of cure here proposed, a claim to serious attention and impartial trial; but we cannot consider the efficacy of it as fully ascertained, till a much greater number of trials of it have been made in different places, and by different physicians.

It is necessary however to remind the reader, that the superior efficacy of the method of cure here recommended, consists wholly in its early application, namely, in the very moment when the disease commences ;

commences ; that the loss of a few hours only, renders the success somewhat precarious. It is necessary, therefore, that this circumstance be constantly held in view in every trial of this remedy, and that the time of its first application be exactly marked in every history of successful or unsuccessful cases.

That the cure of a disease should depend on the timely application of a remedy, is no new idea in practice. In acute diseases, the practitioner's success depends in a great measure on the accuracy of his judgment in this respect : but few diseases occur, in which the loss of the *first moments* of attack are of such hazardous consequence, as in the Puerperal Fever. In hospitals, therefore, it is highly
advisable

advisable to adopt the method practised in the HOTEL-DIEU of Paris; at least the nurses, who are always present, should be instructed to give the remedy here recommended. For the safety of private families likewise, both in town and country, it is to be wished, that every midwife and nurse could be acquainted with this simple and successful method of cure; thus far at least it would be useful, that by exhibiting the proper dose of Ipecacuanha on the first appearance of the disease (which is here sufficiently characterised to be known) time would be allowed to call in more proper assistance.

It may indeed be objected, that nurses are improper judges of the symptoms which characterise a disease,

ease,

ease, and will therefore be unable to determine the proper time to administer a remedy, the success of which depends so much on this circumstance. This objection is true, taken in a general sense, but in these cases the characteristic symptoms are few, and those well marked; and the accoucheur may in most cases give such directions, either to the nurse or some other attendant, as will give him a frequent opportunity of making trial of the method of cure here recommended.

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Containing the Method of treating the
CHILD-BED OR PUERPERAL FEVER, em-
ployed by M. DOULCET, Doctor-Re-
gent of the Faculty of Medicine at
Paris, and one of the Physicians of the
Hotel-Dieu.

Read at a Meeting of the Royal Medical Society,
held at the Louvre, the 6th of Sept. 1782.

THE memoir upon which the Royal
Medical Society has been consulted
by government, and of which we are now
ordered to give an account, contains the
description and treatment of a disease
which has attacked lying-in women in the

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Hotel-

Hotel-Dieu of Paris ; and which has made its appearance in that hospital at different times, but more frequently than ever, since the year 1774. The late M. Doulcet found a method of curing this disease, extremely simple, and which has never yet failed of success since it has been employed ; although before this method was made use of, the disease had always been fatal to every woman who had been attacked with it in that hospital.

This disease comes on suddenly, without any previous symptom to announce its approach^a ; and this often happens after a pregnancy the most exempt from accidents, and after the most happy delivery. It commonly appears the third day after the woman is brought to bed ;

^a In many women the attack was sudden without any apparent cause or preceding indisposition *.

* *Leake on the Child-bed Fever*, p. 40.

sometimes sooner, seldom later^b. In its commencement the belly is affected with considerable distension, and becomes extremely painful, without any diminution of the *lochia* which still continue to flow^c.

The

^b Dr. Leake observes that this disease sometimes came on soon after delivery, and at other times, though rarely, it has been known to appear as late as the fifth or sixth day*. But Dr. Denman thinks that this Fever comes on sometimes at a much later period than is commonly suspected†.

^c The quantity of the *lochia* is frequently not at all diminished, at other times it is very much lessened: what flow are sometimes very fetid, and in some cases this discharge is totally suppressed‡.

Dr. Leake's account of the state of the *lochia* is somewhat different. The *lochia*, says he, from first to last, were not obstructed nor deficient in quantity, neither did the quality of this discharge seem to be in the least altered from its natural state§.

But Dr. Denman tells us that an instantaneous change or suppression of the *lochia* takes place, though he thinks that a suppression seldom happens||.

* Leake on the Child-bed Fever, p. 40.

† Denman on Puerp. Fever, p. 7.

‡ White on the management of pregnant and lying-in women, p. 16.

§ Leake on the Child-bed Fever, p. 53.

|| Denman, Loc. Citat. p. 9.

The breasts, which ought to swell with milk, become flaccid, and the natural course of this nutritious fluid is in general suspended. The patient is 'affected with Fever, which however is not very high; the pulse is small, contracted and quick; and the strength sinks^d. These first signs, which essentially characterise the disease, are common to all the women attacked with it; but they are often, though not always, accompanied with many other symptoms, such as rigor and shivering more or less violent, which is perceived on the first attack; with vomiting of a green matter, or slightly tinged with

If we consider the great irritation which must necessarily take place in the habit, and the great agitation of mind which the patient labours under, when attacked with this disease, we cannot suppose that any one evacuation will in all cases be exactly the same.

^d Dr. Leake observes that the loss of strength was so great, that few of the patients were able to turn in bed, even as early as the first or second day after the attack *.

* *Leake, Loc. Citat.* p. 45.

yellow,

yellow, though more frequently there is nausea without vomiting^c; a Diarrhœa in which the stools are milky and extremely fœtid. The eyes sparkle; the countenance is discoloured; the tongue is commonly moist, but covered with a thick white fur, which is sometimes yellow or greenish towards the root.

All these symptoms come on the first day of the disease; they increase with rapidity, and in a short time the pains of the belly become insupportable. This violent state is succeeded towards the end of the second day, by a fallacious calm, which is followed by a cold viscid sweat, with stools and evacuations intolerably fœtid, with a tremulous weak pulse, delirium, and, lastly with death, which often closes the

^c Sometimes, says Dr. Denman, there is only a nausea or loathing of the stomach, with a disagreeable taste in the mouth*.

* *Essay on the Puerp. Fever*, p. 8.

scene about the end of the third or beginning of the fourth day^f.

On opening the bodies, there is found in the cavity of the abdomen as much as two and sometimes three pints of an extravasated fluid, which has been thought to

^f Nature does not seem to have followed invariably any certain law with respect to the termination of this malady. Both successful and fatal terminations of this disease have happened at very different periods. Dr. Denman thinks that the eleventh from the first attack is most commonly the day on which the patient dies*.

Dr. Hulse observed that the disease proved mortal on any day from the fifth to the twelfth after delivery†.

With Dr. Leake the patient was observed to die generally on the tenth or eleventh day from the first attack; and in one case as late as the fifteenth‡.

Those who were affected with this disease in the year 1746, died between the fifth and seventh day after delivery§.

These varieties seem to depend on the violence of the disease, the constitution of the patient, and the air

* *Essay on the Puerp. Fever*, p. 13.

† *Treatise on the Puerp. Fever*, p. 17.

‡ *Leake on the Child-bed Fever*, p. 59.

§ *Histoire de l'Acad. des Sciences*, l'an 1746, p. 160.

to be of the nature of milk^s, resembling in all its appearances unclarified whey; of a
foetid

and other circumstances in which the patient is placed; and in some degree perhaps on the epidemic constitution of the season.

^s It is difficult to conceive upon what foundation physicians have supposed that the extravasated fluid found in the abdomen after death in the Puerperal Fever, is of the nature of milk. We cannot suppose that it has been secreted in the glands of the breasts: if so, by what vessels was it carried into the abdomen in the form of milk, unmix'd with other fluids? It is supposed to have been deposited in the abdomen in the form of milk, and there to have suffered a separation of its parts, the cheesy matter being said to appear in the form of curd, and leaving a fluid in the form or appearance of unclarified whey.—But these are ideas and expressions too crude for scientific men to adopt, being inconsistent with a just conception of the structure and functions of the human body; and have only crept in here from inattention, and too easy a compliance to vulgar opinions.

Dr. Denman has considered this matter in a more just point of view, in giving an account of the appearances on dissection in about forty women whom he had an opportunity of inspecting. Amongst other appearances he observes, that “the intestines were inflamed chiefly in the peritonæal coat, adhered in many places, and were much inflated. Inflammatory exudations and SERUM extravasated in the cavity of the abdomen have
been

foetid odour, and containing flakes of a curd-like matter, many of which adhere to the surface of the intestines. The uterus in a natural state ^h.

This rapid disease, equally obstinate to the efforts of art and resources of nature, has constantly resisted remedies the most judiciously employed; whether they were intended to prevent the inflammation, to divert the humour from falling on the abdominal viscera, to recover the natural course of the milk, or, to resist the putrefaction and procure salutary evacuations. Every

been found in various quantities; but these were in a less degree when the patient had laboured under a continual purging. Large FLAKES of *coagulable lymph* were found in the cavity of the abdomen, which have been often mistaken for dissolved portions of omentum*."

These flakes of coagulable lymph appear to be what the French writers have called *flocons de lait caillé*.

^h In this respect there is some variety which will be mentioned afterwards.

* *Essay on Puerp. Fever, 2d edit. p. 29 and 30*

thing has been tried to answer these indications, and every thing has miscarried. Ipecacuanha itself, which is the basis of the method of cure here recommended, had no more success than other remedies, till by chance M. Doulcet happened to be present at the very moment when a woman newly brought to bed, was attacked with the disease. It commenced with vomiting; and M. Doulcet happily seizing the indication, ordered fifteen grains of Ipecacuanha to be taken in two doses, which were again repeated the next day. It acted both by vomit and stool, and the evacuations were followed with a remarkable diminution of all the symptoms; the alvine dejections were supported with an oily potion, with the addition of two grains of Kermes Mineral; and the patient was saved.

Instructed by a success so unexpected, M. Doulcet perceived the importance of

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the moment of attack, and the necessity of taking the advantage of it, in order to prevent the obstruction and tumefaction of the abdomen from being perfectly formed. The midwife therefore, to whose care the lying-in women are committed, was ordered to administer this remedy; and at whatever hour of day or night the first symptoms of attack appeared, she gave Ipecacuanha; and the success was in every instance the same; so that in four months, during which this epidemic disease raged with fury, near two hundred women were saved to society, excepting five or six, who all refused to take the vomit, and were victims to their own obstinacy. On opening their bodies the same phenomena appeared as are mentioned above; which left no doubt either of the nature of the disease, or the efficacy of the remedy.

The method of cure, therefore, established at present in the Hotel-Dieu, and
which

which has never yet failed of success since it was applied, consists in taking the advantage of the moment of attack, and giving, without losing an instant of time, fifteen grains of Ipecacuanha in two doses, at the distance of an hour and an half from each other, and repeating them again the next day in the same manner, whether the violence of the symptoms be abated or not; and if the disease should continue much the same, they are repeated again the third, and even the fourth day, according as the case may require. In the intervals between the doses, the effect of the Ipecacuanha is kept up by a potion composed of two ounces of oil of Sweet Almonds, one ounce of syrup of Marsh-Mallows, and two grains of Kermes Mineral. The common drink is Linseed Tea, or an infusion of Scorzonera root, edulcorated with syrup of Althea; and towards the seventh or eighth day of the disease the patient takes a mild purgative, which is

repeated three or four times according to the exigency of the case.

It is evident, therefore, that the efficacy of this method of cure consists wholly in its early application, namely, in the very moment when the disease first commences : and though experience has since taught us that the loss of a few hours is not always irreparable, yet it seldom happens that Ipecacuanha has the same complete success when the first moment of attack is lost.

It is worthy of remark, that in this method of cure, the natural flow of the milk to the breasts does not take place. The breasts do not fill, the milky fluid being evacuated by stool, and passes off with the *lochia*, perspiration, and urine.

But, if we consider with attention, the phenomena which the disease and its method

rhod of cure present, it will evidently appear to consist in a metastasis of the milk, which falls on the abdominal viscera at the very moment when it ought to flow to the breastsⁱ. This metastasis it is of

ⁱ The doctrine of metastasis is of very ancient date in the schools of physic, but in many cases where the term is applied, the doctrine is not easy to be understood. The moderns have made some attempts to elucidate it, but nothing very satisfactory has been yet published on the subject. In general, metastasis seems to be little more than a term of convenience, comprehending certain appearances in disease which the practitioner does not understand. According to the ancients, *Metastasis proprie dicitur quando alio morbo quiescente, translata aliò materia, novum morbum excitat.* Goræus. Galen tells us that, *Proprie morbi metastasis appellatur, quum ex parte una in alteram, malum migrat.* Comm. in aph. Hipp. lib. 5. aph. 7. This translation of morbid matter was supposed in many instances to take place in the most rapid and irregular manner to very distant parts of the body, contrary to every known law of the animal œconomy. I do not mean to deny the possibility of a metastasis of morbid matter in every case wherein it has been supposed to take place, but most of the phenomena, on which the doctrine of metastasis has been founded, may be explained on more rational principles, by supposing them to arise from the different states, and the variations in the action, of the solids of the body.

During the time of gestation, the uterine vessels are considerably

of importance to prevent, for being once formed it is almost always fatal.

This malady is neither new nor peculiar to the Hotel-Dieu. Hippocrates gives a

considerably enlarged; they are affected with stronger stimuli than before that period, and act with greater force, so that the afflux of fluids to this viscus is now greatly increased, in order to answer the various purposes of nature. After delivery, a change takes place in the action of the solids and distribution of the fluids, of several parts of the body. The uterine vessels contract and refuse the usual quantity of blood determined to them. The breasts begin to feel the influence of a new and increased stimulus, announced by throbbing shooting pains: the vessels dilate and become more capacious than before, and the strength of their action is increased. Hence a greater afflux of fluids to the part, and large secretions, are made proportioned to the designs and wants of nature. If then, while these changes are taking place in the system, a Putrid Fever supervene, what are the mischiefs we may not expect? and from the past and present state of the abdominal viscera, we may well suppose they will be the scene of the dreadful tragedy. If this be a just view of the state of the body when the Puerperal Fever usually commences, we may easily account for all the symptoms of it, without having recourse to the obscure doctrine of metastasis, which ill applies in these cases.

perfect description of it in his book *De Morbis Mulierum*^k. Willis published a good history

^k Hippocrates has recorded the symptoms of this disease with sufficient accuracy to characterize it, though he gave it no name. These symptoms, however, are not recorded in any regular connected order, as we now give the history of a disease: some of them are repeated in different places, but they are all arranged under the same head, as appertaining to puerperal subjects, and are supposed to arise from an obstruction of the *lochia*. His account is as follows:

Si vero ei (puerperæ) non procedat purgatio, evenit ut eam febris et horror detineat, et uti venter magnus evadit. Quod si eam attigeris totum corpus dolet, precipueque si quis ventrem attigerit; subindeque oris ventriculi morfu conflatur, lumborum dolore vexatur, cibi fastidium adest, vigilia et corporis compunctio. Deinde quinto aut septimo die quandoque venter exturbatur, et nigra subindeque admodum graveolentia demittit, et urina qualis asinina redditur. Quæ si subeant melius illi esse videtur, curaque adhibita brevi convalescit, alioquin in periculum veniet ne ei vehemens alvi profluvium succedat, et puerperii purgamenta in occulto delitecant.—Pulsus debiles sunt, interdum vero etiam acuti, modò elati modò deficientes. Hæc ineunte morbo patitur, et sic se habet; procedente autem tempore, cavæ faciei partes rubescunt. Quibus ita habentibus cibos leves exhibeto, et si quidem turgeat, medicamentum per inferiora purgans propinato, si biliosa quidem fuerit quod bilem purget, sin autem pituitosa quod pituitam. Post hoc

history of it in the last century¹; we shall not dwell on the different authors who have

hoc uteris fomentum ex odoratis adhibendum; et interdictum emolliens in subditiō apponendum.—At si venter ei non exturbetur, neque purgatio sponte prodeat, neque ei cito convenientia adhibeantur remedia, tempus autem procedat, a multis commemoratis affligetur, quibus accedet ut in periculum veniat ne velut plumbum liveſcat et in aquam intercutem incidat.—Pereunt autem aliæ, alio tempore, pro ut corpus et affectio ſe habet*.

This account agrees in every article with the modern hiſtories of the Puerperal Fever; and is a convincing proof of the attention and accuracy of this great man; the juſtly eſteemed father of medicine, and of the uniformity of the operations of nature in every age of the world.

¹ Willis was born in Wiltſhire in the year 1622, and died in London in 1675. He ſtudied in Oxford, where he took a doctor's degree in 1660. He acquired conſiderable fame; both at home and abroad, by his *Cerebri Anatome et Nervorum deſcriptio et uſus*, which he publiſhed in 1664, and was the firſt who gave a moderately accurate account of the ſtructure of the brain and nervous ſyſtem: He was deemed an unſucceſſful practitioner, if we may give credit to an anecdote recorded of Charles the ſecond, who uſed to ſay, laughing, “ That Willis had robbed him of more ſubjects than the army of an enemy would have done.” In the ſixteenth chapter

* *Hipp. oper. cm. Ed. Foes, tom. 1, ſect. 5, p. 169 and 170.*

have only spoken of it since that time, without entering into a particular account of the disease ; but pass on to more recent dates. M. Col-de Villars and Fontaine saw it in the year 1746 in the Hotel-Dieu, and M. Ant. de Jussieu treated of it at the same time in the capital ^m. M. Pouteau observed

de Febribus he treats *de Puerperarum Febribus*. He calls the *Puerperal Fever* of latter writers a *Febris Putrida*, p. 127, and says that he had known purple spots appear in some cases ; *novi in quibusdam maculas purpureas apparuisse*, p. 129. He acknowledges that this Fever was in general fatal, and seems to give the history of a few cases with some reluctance, as the method of treatment was almost always unsuccessful. But this was not peculiar to the practice of Dr. Willis, the moderns till lately having had no better success.

^m *Antoine de Jussieu* is said to have been the first in France who observed this disease, in the winter of the year 1746*.

This celebrated physician was born at Lyons, in the year 1686, and died in 1758. He was admitted of the faculty of Paris in 1712, and was afterwards professor of botany at the king's garden. In 1718 he made some useful discoveries on the effects of *simarouba* in the Dysentery, which was very frequent that year at Paris,

* *Hist. de l'Acad. des Sciences, Loc. Citato*,

observed the same disease in 1750 in the Hotel-Dieu of Lyons; he gave a description of it in his *Melanges de Chirurgie*. We read similar observations concerning it, in the works of Peu, Puzos, Levret, and many others. But within these few years the English have entered into a more particular inquiry concerning it. This disease was epidemic in London and several parts of England in 1768 and following years, where the physicians gave it the name of the *Puerperal Fever*ⁿ. It is described at large in the works of Denman, Johnson, Millar, Manning, Home, Kerkland, and Butler, and more particularly in the works

and had in most cases resisted the effects of Ipecacuanha, which was first recommended, and much celebrated in the Dysentery by *Helvetius*. A detail of these experiments is inserted in the memoirs of the academy of sciences for the years 1729 and 1731. He became famous for his knowledge of botany, and published several useful pieces on that subject. *Eloy*.

ⁿ Dr. Strother in his *Criticon Februm*, about the year 1716, was the first, according to Dr. Hulse, who gave this Fever the name of the *Puerperal Fever*.

of White, Hulme, and Leake; and lastly in the learned dissertations published at Edinburgh by Johnstone and Slaughter. To what these authors have said we shall join some observations which have been communicated to us, and which, in 1777, were entered in the registers of the *Prima Mensis* ° of the faculty of medicine of Paris by M. Sigault, who had observed and treated this disease at the same time that

° On the first of every month, twelve doctors, members of the college, or faculty of Paris, are called together, to give an account of the reigning diseases of the preceding month, and to communicate such observations as they may deem worthy of notice. This meeting is called *Prima Mensis*, as being held the first day of every month. In the time of any epidemic disease which is alarming to the public, or which has any thing peculiar in its character, these observations are sometimes published.

It is to be lamented that the college of London, and indeed all the Licentiates at large, do not form a similar establishment for the same purposes. It would be a singular advantage to the younger part of the faculty, and is in some measure necessary in a metropolis like this, where so many persons are allowed to practise who have never had any medical Academical education, nor taken a degree in medicine.

M. Solier was a witness of its ravages in the Hotel-Dieu of Paris, and committed his observations to the same collection. M. Doublet has likewise communicated to the faculty of Paris, many facts of the same nature, which he observed in the Hospice ^p de Vaugirard from the month of November 1781 to the present time: and M. de la Roche, a physician of Geneva, has just read to the Royal Society of Medicine, a very learned work on the Puerperal Fever, which he had an opportunity of seeing in his own country.

If we compare the descriptions of these writers with that of the same disease, as it appeared in the Hotel-Dieu of Paris, we shall find in them all, as well as in this, that there was a sudden attack, a painful tumefaction of the lower region of the belly accompanied with Fever on the days

^p *Hospice* is a kind of hospital, appropriated to the reception of strangers.

immediately following delivery; in all, the disease is observed to be dangerous, rapid, and extremely fatal; often epidemic, and sometimes contagious; in every description a Diarrhæa is observed to attend sooner or later^q; but the state of the *lochia*, the secretion of the milk, the organs affected, the state of the pulse and strength, and the appearance of the fluids evacuated, are not in every account the same.

All agree that the *lochia* sometimes flow freely to the end of the disease; but they are often observed to be diminished, or

^q The looseness sometimes comes on immediately, at others, when the disease hath continued three or four days; but it constantly attends, and cannot be removed without the greatest danger as well as difficulty, till the termination of the disease*.

I never saw this Fever appear with any degree of violence, says Dr. Leake, but it was always attended with an obstinate Diarrhæa†.

* Denman's *Essay on the Puerp. Fever*, p. 12.

† Leake on the *Child-bed Fever*, p. 49.

totally suppressed, so that some physicians have considered this suppression as the cause of the disease^r. But the English authors in particular do not regard this symptom as universal. It is however true in general, that this function is always more or less altered from its natural state; and if we consider, that, in this disease in the year 1746, and in the Hotel-Dieu since 1774, and again at Vaugirard, as observed by M. Doublet, the breasts were constantly empty and flaccid, and that the belly began to swell, and obstructions to be formed at the very moment when the breasts ought to have filled with milk, we

^r This was the general opinion of physicians till the year 1746, when this Fever began to be more particularly attended to. Nor are physicians unanimous on this head at present. Van Swieten, though he allows that a derangement of the secretion of the milk, and a translocation of the lacteous matter on some viscus may produce the Puerperal Fever, yet he admits with Boerhaave, that a suppression of the *lochia* is also sometimes a cause of it*. See note s.

* *Vide Comm. in Boerh. aph. tom. 4, p. 608, et seq.*

shall find it difficult to believe that a derangement of the natural secretion of this fluid is not the principal cause of these kinds of morbid affections^s. The observations

^s This is the opinion of the French writers in general, and we must confess it has great appearance of probability; but on further consideration, I apprehend, we shall find sufficient reason to dissent from them, and from the learned physicians who have drawn up this Report. It is very justly observed below, that in every description of this fatal disease, it uniformly appears, either as an inflammatory or as a putrid Fever. We find likewise from dissections, that in some cases the uterus is affected with phlegmonous inflammation; in others it is found in its natural state. It is further remarkable in the accounts of this disease, that when it has appeared in its inflammatory character, the uterus has been found affected with inflammation, and when it has assumed its putrid form, the uterus was in its natural state; from which we may justly conclude, that the *inflammatory Puerperal Fever* is generally, if not constantly, owing to an inflammation of the uterus; but when it appears as a putrid disease, it is owing to very different causes.

When the disease arises from an inflammatory state of the uterus, the lochial discharge will of course be deranged, if not totally suppressed; but this ought not to be considered as a cause of the disease, but in this case as an effect of local inflammation.

An inflammation of the uterus may be produced by
various

ventions which M. Doublet has been so kind as to communicate to us, seem to
 prove

various causes : if it has been injured or hurt in delivery, if the efforts to dilate the *os internum* have been too violent, if the *placenta* has been separated too hastily and roughly, or if the belly has been bound too tight after delivery, an inflammation will sometimes take place, especially in women of strong robust habits, whose fibres are tense, and the action of the solids is vigorous and strong; for women of this character are sooner affected with inflammation in these circumstances than those of weak and lax habits of body.

The *putrid Puerperal Fever* has all the essential characters of the Putrid Fever, the *Typhus* of Dr. Cullen. The heat is not violent; the pulse is small, weak, and quick; there is a sudden and great prostration of strength; and the matters evacuated are highly fœtid. These are likewise the leading features and characteristic symptoms of the Putrid Fever. Dr. Cullen gives the following character of the *Typhus*: *Calor parum auctus; pulsus debilis, parvus, plerumque frequens; sensorii functiones plurimum turbatae*; to which we may add from Sauvages, *artubus interea maxime prostratis*. This disease, like the Putrid Fever, is often epidemic and contagious; it is most frequent and fatal in hospitals, in close confined and crowded situations where the air is foul; it is increased by every thing which tends to generate a putrid miasma; from which I think we may conclude, that it is, in its essential character, a Putrid Fever, and all the singularities
 wherein

prove the affirmative. This physician has remarked, that many nurses, in the
 Hospice

wherein it seems to differ from it, may easily be accounted for from the state and condition of the patients.

We cannot wonder that weak and delicate women, immediately after delivery, should be easily affected by morbid causes, which tend to induce debility and putrescency on the system. They are already much weakened, the body is in a state of great irritation, and their minds are naturally anxious from the nature of their situation. They are disposed therefore to be affected by such morbid causes, as would, at another time, produce little or no effect.

In this state of morbid debility and irritation, the actions of the system are performed with great irregularity. We often find in the Low, Nervous, and Putrid Fever, partial heats, irregular pulsations of the arteries, and wandering pains, arising from spasmodic strictures, particularly in membranous parts, in which inflammation is frequently produced, which however is rather of the erysipelatous than phlegmonous kind: congestions are often formed in particular parts, which increase in proportion as the strength is diminished: the secretions are greatly altered from their natural state, some being suppressed, and others preternaturally increased. When this state of the body takes place, as in the Puerperal Fever, at the very moment when the milk ought to be determined to the breasts, it is impossible that this glandular secretion should not be greatly deranged, if not wholly suspended.

From this account then of what really happens in these

Hospice de Vaugirard, in whom the secretion of the milk had been deranged by some

Fevers, it appears that the transflation of what has been called lacteous matter on the abdominal viscera, and likewise the inflammation of the intestines and *omentum* found after death, are to be considered rather as the effects than the causes of this Fever.

Many reasons offer why a dérangement of the secretion of the milk cannot be admitted as the cause of the Puerperal Fever; but these cannot be enlarged upon in the form of a note. I shall however mention one, founded on observation: It is observed in this Report, that M. Doublet had seen the true *Puerperal Fever* terminated by an universal lacteous swelling, which he calls a *Lacteous Anasarca*. Here then the Puerperal Fever was terminated, and a morbid deposition of what is thought to be a lacteous matter left in the body, which produced a new disease. Several cases are mentioned of a deposition of a similar matter on different parts of the body, in the *Journal de Medecine*, tom. 1, l'an. 1754, tom. 12, p. 56, *ibid.* p. 153, tom. 21, p. 112, &c. But in all these cases where the disease arose from a simple deposition of a serous or lacteous matter, whether it was diffused through the cellular membrane, or fell upon some particular organ or part of the body, it was a chronic disease, a species of Dropsy, attended with a slow continued Fever and a waste of the other parts. Nor can we easily conceive that a deposition of such a fluid, considered in itself, can produce any other disease than this. A little reflection likewise will convince us, that the

some accident, experienced a metastasis on the lower region of the belly, accompanied with

the derangement of the secretion of the milk in the first instance, must arise from some cause already existing in the body. This cause appears to be no other than spasmodic strictures affecting the lacteal system, and occasioned by the Puerperal Fever itself. The derangement of the secretion of the milk therefore, and a morbid translocation of a serous humour to some viscus, are not the causes but the effects of this Fever.

The Puerperal Fever has frequently the characters of the *synochus* of Dr. Cullen; that is, in its commencement it is attended with symptoms of inflammation: these, however, soon go off, and it assumes its true character, that of a Putrid Fever. It is in this case that physicians have been so much divided in opinion concerning the use of the lancet. There is certainly no disease that requires more mature judgment to direct the use of it, than this. In London, and I apprehend in all large cities, the *synochus* is met with much more frequently in common practice, than a true inflammatory Fever. The first appearances of this disease, are apt to deceive the incautious and unexperienced practitioner, who does not foresee the great debility that will soon take place. I am persuaded, from what I have seen, that great mischief is frequently done by bleeding in the commencement of this Fever; and the effects must still be worse in the Puerperal Fever, where the subsequent debility is often much greater. Levret observes, aphorism 995, that he had never seen one woman escape

with the same symptoms and the same dangers as in the Puerperal Fever, though this should happen many weeks after delivery. He makes a general division of the Puerperal Fevers which he had seen, into three species. The first he calls *Ephemeræ*, which are of little consequence, and which take place within the first twenty-four hours after delivery. These only consist in a painful but transient tumefaction of the belly, and which at first threatens a metastasis on the lower part of the abdomen; and is accompanied with Fever, which however soon goes off, and yields to the natural flow of the milk which dissipates all the symptoms. M. Doublet

after bleeding; and Van Swieten gives a caution which is equally applicable to the *synochus* in common practice, as to the Puerperal Fever, and which every practitioner in the treatment of these Fevers ought constantly to keep in view. *Ergo patet, says he, non facile in Puerperio Venam secandam esse, nisi urgens necessitas indicet hanc evacuationem* *.

See also White on the Management of Pregnant and Lying-in Women, p. 219, et seq.

* *Comm. in aph. Boerh. tom. 4, p. 634.*

attributes this first species to the slowness with which the milk is determined to the breasts. The second species is the Puerperal Fever, properly so called, the *Puerperal Fever of Authors*. This takes place when the breasts do not fill with milk, but a metastasis of it falls on the lower part of the belly. The third species, he calls the *slow or late Puerperal Fever*. This is the Fever which nurses are subject to, when the milk quits the breasts in which it had before been properly secreted, and falls on the abdominal cavity with all the symptoms of the Fevers of the second species. To these observations we shall yet add, that M. Doublet has seen the true Puerperal Fever terminated sometimes by an universal white anasarcaous swelling, which he calls a *lacteous anasarca*; sometimes by an eruption of the like nature; by profuse sweats; by urine loaded with a considerable lacteous sediment, which continues to separate from it a long time after the disease

is removed; and lastly, in some patients there is a mixed crisis, composed of a Diarrhæa, and some of the fore-mentioned excretions.

Dissections have shewn, that with respect to the organs affected, there is considerable difference in different subjects. Drs. Leake and Hulme have almost always found the omentum inflamed, suppurated, and even fallen into the hypogastric region; the intestines were likewise inflamed, and the uterus unaffected; from which they have concluded that this disease does not arise primarily from the affection of this organ. Johnson and Johnstone, on the contrary, have seen the uterus inflamed; and the observations of Pouteau seem to agree with their remarks. In the observations of 1746, the intestines and uterus are both said to have been affected, especially the uterus, in which the ovaria in some subjects appeared in a state of suppuration. In the observations of M. Doulcet the uterus was constantly unaffected,

fect, and seemed to have suffered no kind of alteration.

As to the fluids effused into the cavity of the abdomen, it is observable, that this cheesy substance which was described in the observations of 1746, and in those made since the year 1774, as a true curdled milk has been considered by others as a true purulent matter: it was under this appearance, that M. de la Roche saw it at Geneva. But when the disease is not very rapid, and continues longer than it did in the Hotel-Dieu, this matter may perhaps have suffered some alteration from stagnation, which may so far have changed it as to alter its usual appearance.

But, without entering into long discussions on this subject, which would require deeper researches than the time and limits of this Report will permit, we will content ourselves with observing, that all the de-

* See page 7, note g.

criptions we have of this disease, which are numerous, present it under two principal characters; that is, as an highly inflammatory, and as a putrid disease. The inflammation is announced by the tension and pain of the belly; and the putridity is evidently marked by the weakness and smallness of the pulse, the prostration of strength, and the excessively fœtid evacuations. The more the putrid character prevails, the more rapid and dangerous the disease appears in general. The observations of Johnson, Johnstone, and De la Roche, represent it as being more of an inflammatory nature, and at the same time not so alarming; those of White, Leake, and Slaughter, as the most putrid and the most fatal disease. Of four women who were attacked with this disease in the Hospice de Vaugirard, three had a weak pulse, remarkable prostration of strength, and extremely fœtid evacuations; and all three died. The fourth was more robust, and
the

the symptoms were so violent as to require several bleedings, and she was the only one who happily recovered. This prostration of strength therefore, which characterises the putridity, is one of the worst signs of this disease. It is chiefly in hospitals that it assumes this character, and it has no where been either so rapid or so generally fatal as in the Hotel-Dieu, for some years past. Does it in these cases partake of the nature of the Hospital Fever? This is the sentiment of Mr. White.

It is on this complication of putridity and inflammation, differently modified, that the various methods of cure, *hitherto recommended by authors*, in general depend. This variety has consisted chiefly in the different combination of bleeding with the antiphlogistic regimen, and the use of evacuates, antiseptics, and tonics^u. We shall
not

^u It is of the utmost importance in the cure of this disease, to distinguish between the *true inflammatory* and the *putrid*

not enter into a detail of any one method. None is general, and the choice can only be determined by the circumstances of the disease. We shall observe, however, that the physicians who have seen the disease in its putrid character, are those who have approached the nearest to the method of cure of M. Doulcet. We find emetics and

trid Puerperal Fever. In the former, a prudent use of the lancet will doubtless be of use; whilst in the latter, it will generally be attended with the most fatal consequences. The latter likewise, is that which most frequently occurs; and it is but justice to acknowledge, that Dr. Denman was the first who pointed out a more successful method of cure than any which had been in use before his time. There is indeed but little difference between his method of cure and that recommended in this Report of M. Doulcet's Memoir, except that he made use of Tartar Emetic in the commencement of the disease instead of Ipecacuanha, which he gave in the last stage of it, combined with Confecio Damocratis, when the stools continued too frequent. He did not, however, perceive the importance of the moment of attack, which accident seems to have discovered.—The ingenious Mr. White of Manchester has, perhaps, made the greatest improvements in the methodus medendi of this Fever, of any writer since the publication of Dr. Denman's Essay in 1768.

purgatives ordered in the commencement of the disease, in the works of Denman, Manning, Leake, White, and Slaughter, and in the observations of M. Doublet. Mr. White^w and Dr. Denman especially, insist

^w The following is a short view of Mr. White's method of treating the Puerperal Fever.

If the patient is troubled with pains in her head, back, or loins, attended with a swelling, pain, and tenderness in the lower part of the abdomen, a nausea, vomiting, diarrhæa, &c. it is necessary to give her a gentle emetic, consisting either of Ipecacuanha in substance, or of some antimonial preparation; Emetic Tartar, for instance, Essence of Antimony, Antimonial Wine, or James's Powder. The dose should be repeated once or twice a day, or as often as is found necessary to cleanse the stomach, &c*.—If the patient be costive, or have a tenesmus, emollient clysters should be frequently injected, but not too warm§.—So soon as the stomach and bowels have discharged their morbid contents, Spiritus Mindereri, or Salt of Wormwood, neutralized with the juice of lemons, may be given in draught†.—If notwithstanding the use of these medicines, a nausea and vomiting should continue, he orders half a drachm of Columbo root, or its extract, or a few spoonfuls of the infusion of it‡. A Cough and difficulty of breathing is sometimes relieved

* *Treatise on Management of Pregn. and Lying-in Women*, p. 199. § *Ib.* p. 201.

† *Ib.* p. 202. ‡ *Ib.* p. 208.

insist on the use of Ipecacuanha, not only given in the first stages, but repeated several times, and even continued as long as the symptoms seem to resist the action of the remedies; and M. Sigault has observed, that Tartar Emetic and Ipecacuanha have recovered the milk to the breasts, stopt the Diarrhæa, and re-established the

by a few grains of Ipecacuanha, and the pains of the side by the Senegal rattle-snake root*. When the disease is upon the decline, he recommends Bark and acid Elixir of Vitriol with Pyrmont and Seltzer water†. He observes that Nitre is very improper in this Fever, and in all diseases where putrid bile abounds§; and that blisters are disapproved of by almost all writers on this subject, on account of the stimulus they occasion in the bladder and uterus||. He expresses great doubts concerning the utility of bleeding in the Puerperal Fever, without the most pressing necessity, as he considers the disease almost always attended, sooner or later, with symptoms of putrescency‡. These directions are accompanied with many useful remarks worthy the reader's consideration: and I must confess that, when the first moments of attack have been lost, and the method practised in the Hotel-Dieu of Paris cannot be adopted, I think the directions laid down by Mr. White, are those which are most likely to be attended with success.

* *Ib.* p. 209.

† *Ib.* p. 210.

§ *Ib.* p. 218.

|| *Ib.* p. 222.

‡ *Ib.* p. 219 and 351.

lochia in their natural state. The example of these last-mentioned physicians likewise shews us, that those who have ordered vomits, have had the most success in the cure of the putrid Puerperal Fever, the earlier they have given them in the disease.

The method then, which is here recommended, ought to be employed before the obstruction in the abdomen be perfectly formed and fixed*. Will it answer in every case of Puerperal Fever? Will it prevent the inflammatory and ardent Puerperal Fever, as well as that which is complicated

* There can be no doubt but an emetic given in the very moment of attack must be attended with the best consequences. An emetic not only empties the *primæ viæ* of their putrid sordes, but also relaxes all the capillary vessels, and promotes a more equable circulation of the fluids through them; and by preventing them from being affected with spasm, it will, in a great measure, prevent the progress of the Fever, the derangement of the secretion of the milk, and those congestions and local inflammations which would otherwise unavoidably take place.

with

with putridity and prostration of strength? Does Ipecacuanha claim a preference to all the other emetics? These are questions which experience alone can decide.

However this may be, it is certain, that the cure of a disease so rapid in its progress, and so fatal in its effects, as that in the Hotel-Dieu; which left so little time for reflection, and so little hope to the

' There seems but little probability that an emetic would have the same good effect in the commencement of the inflammatory Puerperal Fever, as it has in the putrid; if given to excite considerable vomiting, I should expect it would rather do mischief. Small doses of Tartar Emetic given at proper intervals, and, in the intermediate hours the saline draughts of Riverius, together with the antiphlogistic regimen, fomentations, emollient cataplasms, and cooling clysters, have been attended with the greatest success in these cases.

' Some have preferred Tartar Emetic as acting more quickly than Ipecacuanha; but the latter seems most preferable, unless the Tartar Emetic could always be prepared of one uniform degree of strength. It is, however, justly observed, that these are questions on which experience alone can decide with certainty.

physician;

physician; by a method so simple as that employed by M. Doulcet, the success of which was so sure and constant, is one of those uncommon phænomena which makes an epocha in medicine; and the service rendered to human nature under such kind of sufferings, ought for ever to render honourable the memory of a modest and virtuous citizen, whom a premature death has lately robbed of the testimony of a grateful public. Signed

DE LASSONE,
GEOFFROY,
LORRY.

MAUDUYT,
VICQ-D'AZYR,
JEANROY,
HALLE,

I Certify that this Report, made by order of government, of a Memoir containing the method employed in the treatment of the Puerperal Fever, by the late M. DOULCET, Doctor-Regent

Regent of the Faculty of Paris, and one of the Physicians of the Hotel-Dieu ; is conformable to the original which was read at a meeting of the Royal Society of Medicine, held the 6th of September 1782. Given at the Louvre, the 8th of September 1782.

V I C Q - D ' A Z Y R,
Perpetual Secretary.

F I N I S.

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